Mütter (T. D.)

INTRODUCTORY FOR 1844-5,

ON THE

PRESENT POSITION

OF SOME OF

THE MOST IMPORTANT

OF THE

MODERN OPERATIONS OF SURGERY.

BY THOMAS D. MÜTTER, M. D.

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CORRESPONDENCE.

PHILADELPHIA, Nov. 15th, 1844.

Prof. THOMAS D. MÜTTER:

DEAR SIR,—At a meeting of the students of Jefferson Medical College, on Tuesday the 12th inst., J. P. ANDREWS, of Pa., President, and A. H. HOFF, of N. Y., Secretary, the following gentlemen were appointed a committee to represent the Class, in soliciting for publication, with sentiments of regard and esteem, your Lecture Introductory to the Course on the Principles and Practice of Surgery.

J. M. RUFFIN, Miss.
T. R. PHILBRICK, Me.
H. C. BECKFORD, N. H.
E. C. DYER, Mass.
J. LISSEY, Conn.
CHAS. MARTIN, N. Y.
CHAS. RIDGWAY, N. J.
J. H. LEFEVRE, Penn.
S. C. WILLIAMS, Del.
L. M. STILLWELL, Md.
G. F. BIGELOW, D. C.
ALEX. JONES, Va.
W. A. BOYD, N. C.
J. E. WHALEY, S. C.
W. K. BROWN, Ala.
J. B. DRAUGHON, La.
A. S. COLE, Flor.
T. R. POTTER, Ohio.
J. G. B. PETTIJOHN, Ind.
J. L. ORD, Mich.
G. B. TYLER, Ky.
J. L. TOMPSON, Tenn.
T. M. FERGUSON, Canada.
R. SUTHERLAND, N. S.
J. C. NEVIS, S. America.
EUGENE BILLUI, France.

H. R. BRANHAM, Geo., *Sec. Committee.*

PHILADELPHIA, Nov. 16th, 1844.

GENTLEMEN,—Your note of the 15th inst., in which as the representatives of the Medical Class of Jefferson College, you request permission to publish the Lecture recently delivered by me as introductory to the course on the Principles and Practice of Surgery, has just been received.

As it always affords me pleasure to accede to the wishes of my Class whenever it is in my power so to do, the manuscript of the lecture referred to is entirely at your disposal. Be pleased to present my thanks to the Class for the honor conferred, and accept for yourselves, individually, my sincere regard.

THOMAS D. MÜTTER.

To Messrs. J. M. RUFFIN, T. R. PHILBRICK, H. C. BECKFORD, and others, Committee.

INTRODUCTORY LECTURE.

GENTLEMEN:—

I propose to direct your attention this evening to the consideration of the present position, in Europe, of some of the most important and interesting of the modern operations of Surgery. I am induced to select this subject for my introductory lecture for two reasons. In the first place, my recent visit to Europe has enabled me to receive *directly* from the most eminent men in London and Paris, the conclusions to which they themselves have arrived, in reference to the questions to be discussed; and *indirectly* through them the opinions of the most distinguished men in other parts of Great Britain and the continent, in relation to the same points. In the next place, it will be utterly impossible for me, during the ensuing session, to lay before you in so condensed, and therefore so useful a form, my own views upon the same topics.

It is more than probable, I fear that some among you will be disappointed at the turn I have given this discourse; but my aim, gentlemen, is to *instruct*, not to *amuse;* and to inspire you with a generous ambition that will lead to mighty efforts in the cause of our science, by holding up to your view a rich and teeming field for investigation and research.

But although I cannot occupy your time with the details of a most delightful and highly interesting tour, through time-honoured and noble old England, the land of our forefathers; beautiful and picturesque France; happy and well governed Prussia, along that "exulting and abounding river,"

> "Whose breast of waters broadly swells
> Between the banks which bear the vine,
> And hills all rich with blossomed trees,
> And fields which promise corn and wine!"

And lastly, through fertile and prosperous Belgium, whose soil has so often been fattened with the blood of heroes, but now teems with the golden harvest, that sweetest emblem of peace and good will among men. Although, I repeat, I cannot dwell on scenes that would, perchance, interest and amuse you much more than the professional details of which my lecture is composed, I should be worse than graceless were I to pass over in silence the many, many kindnesses that I received at the hands of all, both in England and on the continent, with whom it was my good fortune to form an acquaintance. Yes, gentlemen, stranger and foreigner as I was, with no claims other than those which spring from these very circumstances, upon either their hospitality or respect, I was received, in England especially, almost as a brother. The right hand of fellowship was extended to me in every quarter, both in the profession and out of it, and I was made to feel, that notwithstanding the errors of the mother, and the faults of the daughter, notwithstanding the wicked and diabolical attempts of the wilfully ignorant, or wilfully prejudiced, or wilfully bad men on both sides the Atlantic, to foster, and keep alive the causes of national animosity, to irritate and inflame, and cause to bleed afresh, wounds that time and a better acquaintance with each other have nearly healed; notwithstanding all this, I was made to feel, I repeat, that these national prejudices there, as with us, are confined almost exclusively to the ignorant or designing, and that the educated and enlightened of both lands hail each other as brethren, descended from one common stock, speaking the same language, and governed by the same noble and generous feelings.

Yes, gentlemen, as an American citizen, I felt proud to find that among those Englishmen who comprehend our Institutions, there exists the best feelings towards our beloved country. And I also gloried in the fact, for fact it is, that in science at least, there is but one government, "The

Republic of Letters," under which all ranks, from the king who sits upon his throne, to the poor, humble, but devoted student, are willing to meet as fellow citizens.

Where all were kind, it would seem invidious to mention the names of any to the exclusion of others, but I cannot refrain from returning my thanks most especially to Dr. Forbes, Sir B. Brodie, Mr. Liston, Mr. Lawrence, Mr. Stanley, Mr. Fergusson, Prof. Owen, Prof. Sharpey, Mr. Little, Mr. Queckett, and Mr. Taylor, of London, and to Prof. Trousseau and Dr. Leroy d'Etioles, of Paris, for their repeated acts of kindness and attention during my sojourn in their respective cities.

Having thus discharged, though in a very meagre measure it must be confessed, my debt of gratitude to my kind friends abroad, let us now proceed to the discussion of the various topics which compose the lecture of this evening. It were utterly useless to attempt even a passing notice of all the interesting subjects that might be embraced in such a discourse, and I shall therefore confine myself to a review of only the most important. Nor can I possibly adopt any systematic arrangement of my materials, so diversified and unlike each other are most of them. Lastly, I wish it to be distinctly understood, that any remarks that may fall from me this evening are wholly devoid of personality. Far be it from me, gentlemen, to indulge in aught that savors of illiberality or injustice to any member of our profession; on the contrary, I confess the weakness but too common among mankind, which disposes us to give to him "that hath," "to add a new wreath to the laureled brow." To bear

> "New offerings to the crowded shrine,
> A drop to the brimming cup!"

I trust, therefore, that should the statements I am bound to make, run counter to the views of some of my friends at home, they will attribute the difference to no desire on

my part to tarnish, in the slightest degree, their well earned honours—but simply to the fact, that I consider myself but the exponent of the views of the majority of the best modern surgeons of Europe, and hence compelled, in all honour, to state candidly and fairly what these views are.

The first point of interest to which I shall direct your attention, is the manner in which extensive wounds are dressed, at the present time, in Europe, and you will naturally enough be surprised to learn that in a matter of such common occurrence, and often of such vital importance, there should exist any diversity of opinion among surgeons as to the proper method of treatment, and yet there is scarcely a point in practical surgery, that has elicited more controversy and discussion. The *French* surgeons, with but very few exceptions, still adhere to the original views of some of their older authorities, and unite all extensive wounds by the *second intention* of Hunter; while the English, like ourselves, adopt a plan directly the reverse, and endeavor to obtain, as far as possible, union by the *first intention* of Hunter, or simple adhesion. It afforded me no slight gratification to find, that the principles I have so often inculcated here, in reference to this subject, should be those upon which the practice of such men as Brodie, Lawrence, Stanley, Liston, Guthrie, Fergusson, Key, Philips, and others of high reputation, has for many years been based, and I was thus fully convinced of the propriety of attempting, when the case justifies such an attempt, the immediate union of a wound. I cannot, at this time, present you with the arguments advanced by the French for adhering to the reverse of this treatment, but on a proper occasion they will all be fully explained.

From what I could learn, the continental surgeons, out of France, are gradually adopting the modern English and American method; and instead of covering up their wounds with great bundles of charpie, apply the lightest dressing, frequently employ cold water, as recommended recently by

McCartney, or the oil silk dressing of Liston. Some little mention was made of the process of Reviellé Parise, (suction) but the method, in reality not a novel one, has as yet gained but little credit.

The next question to which I shall direct your attention, is one of great practical importance, and one, too, upon which the profession has been very much divided. It is this;—"Is it best to remove a schirrous tumor, involving either in part or entirely, the female mamma?" To answer this question in a satisfactory manner, it is necessary to investigate, *first*, the results of the disease when left to itself; and *secondly*, the benefits likely to accrue from the performance of an operation, its effects upon the progress of the disease, and its dangers.

It is a melancholy truth that when left to itself this disease usually advances steadily, but with an unequal pace in different cases, involving as it progresses all adjacent tissues, especially the lympathic glands, and ultimately terminating in ulceration of the most terrific character, and death—now a welcome messenger to the poor creature who, probably, for months has been a martyr to unspeakable sufferings, and a loathsome object to his friends. Rarely, though in some cases such a condition obtains, the tumour ceases to increase, the pain subsides, the general health grows tolerable, and the disease becoming indolent, may last for many years, (15 or 20—Brodie) without causing much inconvenience; in all such cases, no man in his common senses can ever think of operating. But, suppose the reverse of this condition obtains, and unfortunately such is but too often the fact, instead of remaining stationary, the disease is steadily advancing,—what, under such circumstances, do the best authorities of Europe say as to the proper mode of treatment? They tell us, what I rejoice to say, the best teachers in our own land have over and over again urged upon the profession, viz: That an operation, instead of *relieving*, often hastens a fatal termination

of the case ; for, although,we remove the disease in one spot, it is almost sure to make its appearance in another, and that occasionally the patient sinks under the operation itself. This, gentlemen, is the result of the experience of the first men in Europe—particularly in England—who in such cases, rely exclusively upon a palliative treatment. It is true, that some of the French who adopt the view that cancer is invariably in its commencement a local disease, operate in cases where the English and American surgeons would hesitate to use the knife, but, as a general rule, they advise an *early* operation, before the system becomes involved, or *none at all.*

But it is urged by some, that we are justified in operating even in what are usually considered desperate cases, in order that the patient may obtain a respite, and possibly escape the horrors of ulcerated or open cancer. This is certainly a humane motive, and where the patient is young, or has some especial reason for wishing the nature of her disease concealed, and is willing to take all the responsibility of the result upon herself, after having been made aware of the almost certain failure of the operation, at least so far as regards a cure, and that she must die in a few months or a few years of the disease in some other organ, one might resort to the knife ; but, gentlemen, whenever I have done so, it has been with an aching heart, and a most fervent wish that my patient had spared her surgeon and herself the terrible ordeal to which she is voluntarily subjected. With respect to some of the various attempts recently made to cure the disease radically, the plans of Jobert, Lisfranc, Dieffenbach, Phillips, and Arnott, appear to have attracted most attention. The method of Jobert which consists in the application of a ligature to all the principal arteries supplying the tumour, and the division of its nervous filaments, seems to have acquired no great reputation, and I scarcely heard it alluded to by the surgeons of London and Paris. The same may be said of the pro-

cess of Lisfranc, which proposes in cases of superficial cancer of any organ, the removal of the *diseased tissue*, either with the ligature or knife, leaving the organ upon which it happens to be located untouched. Occasionally this measure proves useful, but is not to be compared with the ordinary operation of *complete excision* of both diseased tissue, and that with which it is in immediate contact. The method of Dieffenbach, Phillips, or Martinet de la Creuse, for all claim the merit of the invention, differs, as I have told some of you in another place, from the ordinary operation in this. Instead of allowing the wound made during the removal of the tumour to heal by granulation, which is usually permitted to a certain extent in all cases of extensive dissections, a flap of sound skin is taken from the adjacent parts, and brought over the raw surface, so that union takes place, and thus prevents the granulating process. It is supposed by the authors of this plan, that the application of the healthy skin to the surface from which the cancerous mass has been removed, will so change the vital actions in the part, that health will take the place of disease, and hence a return of the complaint be effectually prevented. But unfortunately, experience is against the operation, and if cancer is a constitutional affection, as it often is, it is difficult to imagine that it could prove so useful as we have been led to suppose. I have myself tried the experiment in two cases, one a patient operated on before the class, and the other occurring in the practice of my friend Dr. Noble. In both, the disease returned in the course of a few months, and I find such to have been the result in other instances,—and the operation will in all probability be speedily forgotten, along with a host of other "novelties," that are fast wending their way to "the tomb of all the Capulets!" The plan of Arnott, which has often been tried by others, and especially by Recamier, consists in the methodic and continued application of *pressure* to the diseased tissue. The only novelty in this method of

Arnott, is in the instrument he employs. Experience, so so far at least, is also against this measure, but in hopeless cases, those, for instance, in which the knife promises nothing, it may be employed, as it will serve to satisfy the patient in part, and prevent, to a certain degree, that terrible "sickness of the heart," that overwhelms a poor sufferer when utterly abandoned by the surgeon. The "*Dynamic*" treatment of cancer proposed by Rognetta is attracting some attention, but as yet no definite conclusions in relation to its merits have been given to the profession.

Among the most cruel and least useful of all the operations of surgery, is that for the removal of a cancerous rectum. Not long since it was vaunted to the skies, and those who performed it declared that positive and radical cures were made through its agency. But the terrible condition in which the patient is left if he survives the operation, the great danger attendant upon its performance, and the frequent return of the disease, have induced the surgeons of almost every land to abandon the measure, as one fraught with much evil and with but very little good. In some cases, where the disease is confined to the external sphincter, and does not penetrate deeply, an operation may and has been productive of benefit, but under no other circumstances is it at all justifiable.

Excision of the *os uteri*, in schirrous affections of this organ, has also been strongly recommended by several, but especially by Lisfranc, of Paris. As the disease is almost invariably fatal, I was induced to hope, in consequence of the flattering statements of Lisfranc, that we had at length obtained a method of treatment on which some reliance could be placed. But, alas, our hope was vain, for experience, that candid test of truth, proves, that where cancer really exists, the operation is of no avail. There appears, indeed, but one opinion among surgeons in reference to this matter, even in Paris, where the operations were most extensively practised, and with the exception of Lisfranc,

I found scarcely one at the present time who ventures upon its performance. It has, in truth,

> "Gone glimmering through the things that were
> A school-boy's tale, the wonder of an hour."

A novel, and certainly a most severe mode of treatment has recently been introduced by M. Jobert, of Paris, in certain forms of uterine disease. It is nothing more nor less than the application of the *actual cautery* in ulcers, hypertrophy, simple engorgement, obstinate neuralgia, &c., of the cervix uteri. Although highly recommended by its author, I found no one ready to adopt his views, or advise a resort to his remedy. Time, and repeated experiments will prove whether or not these *burnings* deserve an introduction into the ranks of useful agents.

Another operation, somewhat connected with the subject of cancer, may claim for itself the merit of great ingenuity; and as it has succeeded in some cases, it deserves our attention, although, it must be confessed, I found very few in Europe who advocated its performance, in consequence of its dangers, and the terrible condition in which the patient remains even when it succeeds. When, from any cause, such, for example, as tumours, cancerous ulcerations, or the lodgement of foreign bodies in the rectum, this passage is completely and permanently obstructed, my friend Dr. Ashmead, of Philadelphia, and Amussat, of Paris, recommend the establishment of an *artificial anus* in the lumbar region. The same plan may be resorted to in cases of imperforate anus, when the ordinary operation for this defect cannot afford relief. Although very ingenious and plausible, experience is against the measure, and I repeat, I found very few in Europe disposed to advocate its admission among the "established operations!"

Some of you may recollect that a few years since Dr. Conquest, of England, Graefe, Smythe, and others, published a series of cases of Chronic Hydrocephalus, treated

by *tapping*, and, according to their statements, with the most decided benefit. But unfortunately, their facts, in the main, were *false facts*, and have been proven to be such by the experience of nearly all subsequent authorities. Even Conquest himself now tells us that it is "an operation attended with much hazard, and in congenital cases in merely a palliative measure." I carefully investigated this subject, and found that many surgeons condemn the operation in toto, while others resort to it to relieve the more urgent symptoms, just as we resort to tapping in chronic dropsies of other cavities; but in no case do they hope for more than temporary relief.

An operation altogether novel has recently been introduced into practice by Professor Trousseau, of Paris, one of the most distinguished practitioners of that city of eminent medical men, and which promises to afford much relief in certain cases. Professor Trousseau told me himself, and he has since published the case, that on one occasion it acted like a charm, saving the patient from suffocation at the time, and materially assisting in the rapidity of the subsequent cure. The operation is nothing more than the evacuation of the fluid in cases of acute pleurisy, by an opening made into the thorax by the following process—"A small incision is made in the skin, between the 7th and 8th ribs, a little to the outside of the heart. The *skin* is next raised until the incision corresponds to the intercostal space immediately above, and then an ordinary abdominal trocar is introduced to the depth of about two inches. On the spear being withdrawn the fluid rushes out, and in order to prevent the introduction of air into the chest, the *pavillion* of the canula is wrapped with a strip of bladder or gold-beater's skin, which is raised by the fluid as it passes out, but which falls on the orifice during deep inspiration, and effectually closes it. During the discharge of the fluid, an assistant compresses the abdomen so as to push up the diaphragm and thoracic parietes—and after its

escape, the canula is rapidly withdrawn, the incision pushed down to its original position, and closed with a small piece of adhesive plaster.

Some of you are doubtless aware of the tedious nature of certain chronic inflammatory affections of the joints, especially the large ones. Now, it has been proposed and the experiment has been repeatedly tried, to *inject the cavity* of the joint diseased, just as we would the tunica vaginalis in hydrocele, with some stimulating liquid, with the view of causing a new action in the secreting surface, by which either adhesion would be accomplished, or a check put to the excessive secretion of the fluid. I find the measure has as yet attracted but a small share of the attention of our brethren abroad, and of course there was no positive expression of opinion in relation to its merits, but most appeared to be rather disposed to look upon it as both needless and hazardous, at all events in the great majority of cases. There were some, however, who considered it a measure worthy of trial in desperate cases.

One of the most common of all diseases is hydrocele of the tunica vaginalis, and often it proves a matter of some difficulty for the surgeon to accomplish its cure without causing the patient both suffering and loss of time from confinement to bed. In order to get rid of these objections, which accompany almost all the usual measures for the relief of this complaint, Velpeau proposed sometime since, the use of *iodine injections*, (4 parts tinct. iodine ; 125 parts distilled water,) and experience has proven the efficacy of the treatment. Not only is the cure more certain after this injection than after any other mode of operating, but the patient is rarely confined to the house a single day. This I found to be the result of the practice in all quarters where the remedy has had a fair trial.

Some time since the attention of the profession was directed to the alleged powerful influence of *electro-puncture*, in promoting absorption. Many cases of serous effusion into the

different cavities were reported as relieved through its agency alone, and its importance as a therapeutic agent in the treatment of this class of diseases particularly enforced. But, unfortunately, experience is against the operation as one of much value—the fluid is often absorbed, it is true, in consequenceof its application, but in the course of a few days it again makes its appearance—occasionally, though rarely it accomplishes a radical cure.

In the treatment of *Fractures* there exists great diversity of practice abroad, and many "novelties" disturb the peace of the profession. I was gratified, however, to find that in England, generally, fractures of the lower extremities were treated by keeping the member in a *horizontal* position, the inclined plane being used only under peculiar circumstances—while those of the superior were managed pretty much as with us. The immovable apparatus seems to have had its day, at least in London, and is rarely had recourse to, unless it be to protect the limb during convalescence. In France it is almost impossible to say what plan is generally preferred—each surgeon being governed pretty much by his own fancy—Velpeau, for example, still adheres to the use of the dextrine bandage or immovable apparatus, at least in the majority of cases. Roux employs the old splints of Dessault and adopts most of his views. Hyponarthecia, as proposed by Sauter and Mayor, is preferred by others; and the *handkerchief system* of Mayor is also occasionally employed. Lastly, Jobert relies exclusively upon bandages and gaiters, so arranged as to keep up extension and counter-extension, while the seat of fracture is kept bare. On the whole I shall say that the views of Dessault, Boyer, Dupuytren and Lisfranc, are those adopted by the majority of surgeons in France, and on the continent generally.

One of the most striking characteristics of our nature is that which leads us to doubt the value of every project or scheme, originating with another. We cannot realize at

once, the fact, that some one else has discovered and brought to light something of which our own faculties have never taken cognizance; and hence we admit its importance with hesitation, or boldly declare the statements of its advocates to be false, and contrary to reason or experience. Probably no operation in surgery more fully illustrates the correctness of these remarks than lithotrity or lithontripsy. From the period of its introduction into practice by Leroy d'Etioles, Civiale, Heurteloup and others, it has had to contend with fierce, violent, and most unjust opposition; and even down to the present moment, you will find surgeons decrying both the grinding and crushing processes, and declaring them to be, in the majority of cases, of no avail, while in others they are positively murderous.

With the view of ascertaining the precise estimate placed upon the measure in Europe, I took especial pains to enquire of the surgeons in London and Paris, as to what was the real condition of the operation in their respective cities. In both I found it in high repute, but more especially was this the case in Paris. In the latter city the dexterous and excellent surgeons Civiale and Leroy d'Etioles, perform it almost daily, and while they acknowledge that *Lithotomy* is still the operation best suited to many cases, they yet contend that it is far more dangerous, and gives rise to much more suffering than lithontripsy. This is certainly correct, and no one who gives the operation a fair trial can hesitate for a moment to arrive at the same conclusion. No one contends that it is to supersede the use of the knife, but it is obvious that it must ere long be considered by far the safest and least painful mode of removing a stone from the bladder of an adult, unless the case be complicated with lesions of other organs in the vicinity. I may remark, that the original operation of *lithotrity* has given place almost entirely to the more modern one of *Lithontripsy*. Of *Lietheectasy*, I heard but little, either in London or Paris,

and the operation, though still recommended by some, can not be considered as one at all popular with the profession at large.

As extirpation of the *Parotid Gland*, has given rise to much controversy on this side of the Atlantic, I was anxious to ascertain the estimate placed upon the measure by surgeons abroad—and therefore made it a subject of diligent inquiry. As I anticipated, there exists great contrariety of opinion in relation to the *utility* of the process, but I found none who doubted its *possibility*. Indeed, the question seemed to bear almost exclusively upon the first proposition, and while all acknowledge that it is sometimes productive of benefit, yet in the main it appeared to me that the best authorities are rather disposed to abandon its general introduction into practice, but solely on the grounds that in schirrous disease, that which most frequently calls for the performance of an operation, the patient is not radically cured, the complaint returning sooner or later and ultimately is the cause of death. *

* It may not be uninteresting to append a list of those who have reported cases of extirpation of the Parotid Gland. It is more than probable, however, that some of the cases thus reported were in reality not *parotid*, but *lymphatic* or *encysted* tumours, occupying the parotid fossa.

Acrel,	Goodlad,	Pamard,
Alix,	Goyraud,	Palfin,
Ansiaux,	Hecker,	Prieger,
Beclard,	Herel,	Roymond,
Berndt,	Hosack,	Ramdolf,
Bouyer,	Kaltschmied,	Randolph,
Braambergh,	Kirbi,	Roux,
Burgard,	Kleim,	Siebold,
Carmichael,	Lacoste,	Soucrampes,
Chelius,	Lisfranc,	N. R. Smith,
Cordes,	Mott,	Sedtmann,
Deglond,	McClellan,	Warren,
Eulinberg,	Magri,	J. M. Warren,
Fonthein,	Moulinié,	Weindhold & Smith,
Gensoul,	Nægele,	Widmer.

Several novel methods for the radical cure of reducible hernia, have from time to time been introduced, but as yet the surgeons of Europe have not decided that we possess any thing better than a well constructed truss. Probably injection of the sac as performed by my friend, Professor Pancoast, and subsequently by Velpeau, promises more than any thing else. Acupuncturation, the pins of Bonnet, the invagination of a portion of integument proposed by Gerdy, the plastic operation of Jamieson, the scarifications of the sac *revived* by Velpeau, the gelatine slips of Belmas, and hernotomy performed by Detmold, have all to bear the test of subsequent experience before they can be received into the ranks of useful and justifiable operations.

You will all be anxious, I doubt not, to learn the estimation in which European surgeons, generally, hold what is called "*Plastic Surgery.*" This department of our science although in reality "old enough to speak for itself," may be considered a comparatively modern invention, for certainly the beautiful and perfect results obtained in our time through its agency, far surpass any thing that emanated from the hands of its original advocates and inventors, not excepting, even, the learned Taliacotius himself. These operations were for many years considered almost as fabulous, and have excited the ridicule of the wits of every age, including Butler, Voltaire, and the polished Addison—and even now, notwithstanding the positive testimony of the first authorities in their favor, are supposed by many to be bare assertions, destitute of truth, and useless as they are apocryphal. But, gentlemen, both wit and opposition have been tried in vain, and the most distinguished men in Europe unite in awarding to the measure a high and commanding position among the most useful improvements of the age. When such authorities as Graefe, Dieffenbach, Zeis, Chelius, Delpech, Dupuytren, Velpeau, Roux, Lisfranc, Lane, Blandin, Labat and Jobert, on the continent, and Brodie, Lawrence, Liston, Stanley, Fergusson, Smith and others of high

authority in England, declared their conviction of its utility—"plastic surgery may be considered as having fought its battles, and will soon rest under the ægis of an established operation!"

No operation of modern times has attracted more attention, excited more controversy, been more shamefully abused, or unjustly lauded, than what has been termed by Sedillot, *Hypodermatory* or *subcutaneous section*—and which has been, in some shape or other, so extensively employed for the relief of various deformities. As I have long been known as the advocate of this measure, when restricted to its proper limits, I made its investigation, one of my principal objects during my recent visit to London and Paris—and it was with no little gratification, I assure you, that I found all operating surgeons, *without exception*, I believe, while they reprobated its careless and indiscreet employment, declaring their entire confidence in the operation, when properly and judiciously practised. Almost the first operation I witnessed in London, was one by Mr. Liston, for club-foot—the tendo-achillis being divided—and in the wards of Mr. Lawrence, Mr. Stanley and others, I saw several cases of this defect under treatment. In short, wherever I put the question, "What is your estimate of subcutaneous section in reference to deformities?" to any distinguished surgeon, either in England or upon the continent, his answer was invariably this—"I consider it one of the greatest improvements in modern surgery, and cannot conceive that any surgeon who studies the results of the operation with care and fairness, can arrive at any other conclusion?" Recollect this, then, when you hear the method decried by those who have either never given it due attention, and are thus incompetent to decide upon its merits, or who oppose it on what they consider correct principles, and are perfectly honest in this belief, and I respect them for it, or who finally condemn it from prejudice alone. And rely upon it that every surgeon abroad considers the various modifications of subcutaneous

surgery, especially tenotomy, aponeurotomy, and myotomy, as the least dangerous, least painful, and most useful of all our means for the relief of deformities of various kinds. Now, gentlemen, I make this statement without fear of contradiction, and in the face of the reports of Guerin of Paris, which reports by their alleged unfaithfulness did more to injure the operation, than all the shafts of ridicule or malice hurled against it by those who were opposed to its introduction into practice. Well has it been said, "Protect me from my friends, and I will defend myself against my enemies!"*

But while the profession, almost to a man, now sustains its general usefulness, you must not suppose that it sanctions the injudicous and reckless manner with which it has been employed; and many condemn its application in several of the defects for the relief of which it has been advised. For example, no one now, unless it be Guerin and a few of his disciples, divides the muscles of the back in lateral curvature of the spine, or performs the feat of cutting thirty or forty muscles and tendons in the course of twenty-four hours, or separates the tendons in very young persons, or operates on children three days old for squint (Deiffenbach), or performs the needless and often cruel operation for stammering. All this rash and useless practice is condemned, unequivocally condemned, but no one hesitates to resort to the measure in question whenever a suitable opportunity presents itself. Of course no one supposes that the mere division of tendons, fasciæ, or muscles, is to cure the deformity for which it is employed, but they resort to the division merely to facilitate the operation of well constructed machinery. They employ, therefore, in all cases of magnitude, both the operation and mechanical measures; and no surgeon who has carefully

*The recent suspension of the lectures of Guerin by the Board of Control in Paris, is to be attributed not to the estimation in which "Subcutaneous section" is held, but solely to the folly of the man who has rashly jeoparded the reputation of the measure by his alleged wanton and useless operations.

investigated orthopedic surgery, will ever think for an instant of separating the two plans ; they are so closely connected indeed, that they must ever be considered, "bone of one bone and flesh of one flesh," and in the present state of our knowledge to discard either, to confine ourselves exclusively to one mode of treatment alone, would be in truth a casting away of the gem because we are ignorant of its value.

Much attention has recently been directed to a department of surgery which for many years languished in the hands of the empiric, and nostrum-monger, and even yet may be considered as scarcely freed from their trammels. The department to which I allude is *Aural Surgery*. As this is really one of the most interesting subjects of modern times, a brief sketch of its history will prove, I trust, both apposite and interesting. Looking back to the period at which aural surgery was first brought regularly before the notice of the profession, we find that Celsus, that wonderous luminary of a dark and benighted age, is entitled to the credit of having originated specific or independent forms of aural diseases, for up to his time all the affections of the ears were confounded together, and spoken of solely as *symptomatic maladies*, their *idiopathic* nature never for an instant being suspected. But although Celsus benefitted science by the steps which he took in reference to the establishment of a more correct classification, he can scarcely be thanked for the crude, harsh, and even dangerous remedies he proposed for the relief of these diseases ; and unfortunately, such was his authority that his successors, even such men as Galen, Paul of Ægina, and Rhazes, adopted his treatment and handed it down even to our own time, for it is well known that the *popular* remedies for all cases of deafness, it matters not from what cause proceeding, are yet of the most stimulating and fiery character. It is really surprising that the brilliant discoveries of Æustachius, Fallopius, Cotunnius, and Casserius, who flourished about the conclusion of the fifteenth century, the great interest first excited on the subject of deafness by the labours

of Joachim Pascha, and Petro de Ponce, to instruct and improve the moral condition of mutes ; the great efforts of that most distinguished and upright pathologist Fabrius von Hilden, who is supposed to have been the first, (about the beginning of the 17th century) to employ instruments, the speculum especially, in the examination and treatment of aural affections ; and the excellent classifications of Duverny, Saunders, and Bonet ; it is surprising, I repeat, that in the face of all this energy, so little of practical importance was added to this department. Two centuries, in fact elapsed, and the most important of all the measures for the relief of certain forms of deafness had never been suggested, and it remained for one, not a member of the profession, a Mons. Guyot, *postmaster* of Versailles, to propose catheterism of the eustachian tube. This event, occurring I think sometime about the year 1700, was soon followed by the operation of Cleland, an Englishman, who was the *first* to introduce a catheter into the eustachian tube, for the purpose of either exploring this canal, or the introduction into it, of various remedial agents in the liquid or gaseous form. During the last century very little progress was made in aural surgery, and indeed, I may say that up to the period (1801) at which Sir A. Cooper greatly excited the profession by his beautiful and ingenious, though by no means very successful operation on the membrane of the ear, very little interest was taken in the subject. But from this period may be dated a vast revolution in the feelings of medical men, and the labours of Himley, Itard, Deleau, Saissey, Krahmer, Pilcher, Wharton Jones, Wilde, Toynbee and Williams, have already greatly enriched this most important domain of surgery. Learned, upright and industrious men are thus occupied in the work of reform or advancement, and we may confidently anticipate a rich harvest from their combined efforts. Aural surgery, then, though still far from being what it should be either in any part of Europe or America, may be considered as steadily advancing, and will speedily, I trust, be rescued

from the hands of the ignorant empiric, and placed upon a footing with the most favoured departments of our art.

Ophthalmic surgery, as I anticipated from the numerous excellent and practical works which from time to time have appeared from the teeming intellects of Lawrence, Mackenzie, Middlemore, Chelius, Eble, Vidal, Velpeau, Roux, Cunier, Rognetta, and others, I found in a most excellent condition. In truth, no department of our science appears to have been cultivated with more success, and that which but a few years since was "chaos and confusion dire," appears to have been touched with the wand of some mighty magician, and is now a bright and connected portraiture of nearly every disease to which the human eye is liable. I cannot, of course, attempt even a cursory survey of the immense mass of novel as well as useful information with which the science has been enriched by the labours of those to whom I have just referred. I will barely remark, however, as it is one of the *novelties*, that the operation for strabismus is considered by all an *established operation*, and highly useful when properly performed, and the case one at all suitable. The French Academy at Paris has so declared it in one of their recent sessions, and sooner or later the whole profession must justify their decision,—the opinion of some to the contrary notwithstanding.

A distinguished philosopher has classed man among the most cruel of all animals, and certainly, were we to restrict our observations to the mere work of the surgeon, without entering into an investigation of the motives which lead him to the performance of bloody and terrific operations, this example alone would be sufficient to lend countenance to the assertion, repugnant as it must be to the feelings of every one possessed of the common attributes of humanity. Certain it is, however, that some of our operations may be considered as supporting, to a limited degree, the charge made against our race; and there is none in the whole domain of surgery better calculated to elicit, even

among the profession, a more profound sensation of horror, or better deserves the epithet of cruel, than one recently introduced into practice; and were we not convinced that nothing but a fervent desire to relieve a suffering mortal could induce a surgeon to undertake its performance, we should at once look upon its author as a being destitute of either sympathy or compassion, and richly deserving the detestation of his fellow men. The operation to which I refer is that for the removal of *ovarian tumours*, by what is called the *great incision!* In other words, by an incision that extends in a straight line from the cartilago-ensiformis to the symphisis pubis!! It is called the *great* or *major incision*, to distinguish it from another operation for the removal of diseased ovaria, in which the opening made into the abdomen extends but a few inches, and which was suggested by Wm. Hunter, but has attained its present reputation in consequence especially of the labours of Jeaffreson.

As this subject is attracting a vast deal of attention, both abroad and at home, it will not be inapposite to furnish you with a slight sketch of its history and present position. It would appear that in consequence of the frequent failure of purely medical means to relieve dropsy of the ovary, several surgical operations have from time to time been performed. Thus, some have advised "puncture of the cyst, evacuation of its contents, and then injection of some stimulating fluid, for the purpose of exciting adhesive inflammation;" others attempted a cure by making "a free incision into the ovary, evacuating its contents, and converting the opening into a fistulous sore,"—(Ledran, Houston, Voisin, &c.) Others, again, suggested the removal of a part of the cyst, "so as to enable it to evacuate its contents into the peritoneal sac"—(Blundell, &c.) *Acupuncture* with long needles has also been performed, but the operation usually preferred has been simple *tapping*.

Indeed, with the exception of the latter, all the others have with great wisdom been abandoned, and the acknowledged failure of this operation to afford more than temporary relief in many cases, while in others it was followed by death, induced surgeons to seek for something upon which their confidence could with greater security be placed. Accordingly, we find that some fifty years since L'Aumonier, of Rouen, extirpated an enlarged ovary, under the supposition that it was dropsical. The case turned out, however, to be one of *abscess* of the organ, and the patient ultimately recovered. This was unquestionably, I believe, the first removal of a diseased ovarium; but soon after, in 1809, Dr. McDowal, of Kentucky, performed the operation in a case of real ovarian dropsy, and the patient recovered. This successful result induced others to repeat the experiment; and since that period *seventy* cases in all have been reported, and, undoubtedly, others have been performed of which no account has been furnished. But at no period, probably, has there existed so much excitement in reference to this operation as at the present moment; and you will find, as is ever the case where men allow feeling or interest to obtain a mastery over their judgment, that the most disgraceful acrimony and harshness of language has been indulged in towards each other, by the advocates as well as the opponents of the measure in question. For my own part, gentlemen, I have endeavoured faithfully and cautiously to examine the subject, being prejudiced neither for nor against it, and must confess that, from the *information now furnished to the world*, I am induced to range myself among its opponents, except in cases of unilocular cyst without adhesions; and even here I deem it altogether unjustifiable, until all other means have proven nugatory, and the fatal termination of the case without it appears inevitable; and when had recourse to, it becomes the bounden duty of the surgeon to state candidly its dangers, and the

probability of its failure. In order that my opinion may be borne out by sufficient reasons, I beg leave to offer a list of the most prominent objections urged by different authorities to the operation, and which must present themselves at once to every one who carefully investigates the merits of the question. I wish it to be understood, however, that should the difficulties about to be stated, ever by subsequent observation and research be removed, I shall be ready at once to change my present views, and rank myself among the advocates of the operation.

1st. *The difficulty of arriving at a just diagnosis.*— Although many of the advocates of the operation endeavour to get over this point by declaring, that *generally*, by a careful examination, we are able to discriminate between *ovarian tumours*, and other *tumours* of the uterus or its appendages, many of the most accurate observers declare such a thing impossible; (Dr. H. Lee); and if we judge by the deplorable mistakes made by men of acknowledged ability, we cannot refrain from joining in this opinion. For example, we find that Lizars, Dohlhoff, King, Granville, Dieffenbach and Martini, all men of remarkable tact in diagnosis, were wofully mistaken.

In the cases of Lizars, Dohlhoff and King, *no tumour whatever existed*, while in those of the other gentlemen, adhesions, the existence of which was not suspected before the abdomen was laid open, compelled them to abandon the operation at once. And Mr. Phillips has stated, "that to his knowledge, out of *fifty* cases reported, *fourteen* were abandoned after the commencement of the operation, in consequence of adhesions or other circumstances; and in five instances no tumour was found!" Now, here is evidence enough of the impossibility of doing that which some declare to be, in many cases, comparatively easy. Daily observation too, teaches us that there are many cases of

disease essentially different in every respect from ovarian tumour, but which, nevertheless, present phenomena almost identical with th ose characteristic of the latter affection.

2d. *The danger of the operation itself.*—On a careful review of the cases published, it appears that a patient who submits to ovariotomy, is subjected to the danger of, 1st. *Peritoneal inflammation*, of which some have died, (Lizars, Clay, Granville, Key, &c.); 2d. *Hemorrhage*, and although there appears less risk from this cause than one would imagine, yet the cases of McDowel, Lizars and Clay, prove it is often a matter of grave importance. 3. *Implication of the intestines*, which will require a hazardous dissection for their relief, (Lizars, Chrysmer and Atlee); 4th. *Extreme Suffering*, notwithstanding the fact that some bear the operation with comparatively little suffering, others are prostrated, and die from the agony occasioned; 5th. *Protracted convalescence*, and this must be anticipated in almost every case. But, say the advocates of ovariotomy if all these dangers really exist, how is it possible that so many escape death, for statistics show that the mortality is only about 1 in 3 or 3½? which is not greater that that belonging to the other great operations of surgery!

But we are not disposed to place a great deal of reliance on statistics. I once heard a distinguished teacher declare, "that he would not give a fig for a man who could not make cases enough to sustain any theory he might choose to advance," and although this was said in badinage, it is a melancholy fact, that many of our professional authors act up to the doctrine. Again, it is fair to suppose that several cases in which the operation has proved fatal, have been carefully consigned to the tomb; for men are always loath to declare to a world, but too ready to take advantage of the circumstance, their want of success or their misfortunes.

Since my return home one of these suppressed cases has been communicated to me by my friend Dr. Jarvis, of Portland, Conn., and many others no doubt exist. We can, in truth, scarcely rely upon the published testimony in favour of the operation. But I am not disposed to estimate the merits of this measure by statistics, nor should it be thus contrasted with other capital operations. A writer in the Edinburgh Medical and Surgical Journal, for April, 1844, has, I conceive, taken the correct view of the bearing of the whole matter, and as his remarks are brief, I beg leave to introduce them. "If," he observes, "we look alone to the mortality, independently of all other considerations, and assume the above tables as correct in giving the ratio of mortality for the large abdominal incision, we find that it is not greater than for other great surgical operations. Thus M. Malgaigne has shown that in all the Parisian Hospitals, from 1836 to 1840, inclusive, 201 amputations of the thigh took place, but of this number 126 died; and the result of amputations of all kinds showed a mortality of 38 in the 100 for *pathological* causes, and 40 in the 100 for *traumatic* causes. M. Textor, on the other hand, in mentioning the statistics of strangulated hernia, treated at Wurtzburg from 1836 to 1842, states that of those subjected to an operation, 32 were cured and 24 died, or three out of every 7 cases; while at Paris the mortality was 4 out of 7 cases. All this would seem, therefore, to be a strong proof of the legitimacy of the abdominal section, seeing that the mortality is not so high for it as for those surgical operations. This is quite true, but the difference between the one operation and the other is this, *that the one saves 3 out of every 7 patients who could not by possibility survive even a few days, were the operation postponed*; *and the other sacrifices one unnecessarily to prolong for a few months or years the lives of two, who would perhaps after all have lived as long had no opera-*

tion been performed! In the one case the amputation, or the operation for hernia is performed for the legitimate purpose of saving life, which otherwise could not be saved; in the other, or the abdominal section, life is heedlessly sacrificed in the attempt to relieve, what after all is only a burden, and has never yet been found to shorten the average duration of human life. In the one case the surgeon is acting in conformity with the highest principles of humanity and morality, doing all he can to save the life of a fellow creature; in the other, while we cannot deny that he may conscientiously believe that he is undertaking what is to save life, we fear he is often influenced more by the eclat of performing a great and dangerous operation."

3d. *The nature of the disease does not sanction so violent a remedy.*—The celebrated William Hunter, long since declared in reference to ovarian disease, "that a patient will have the best chance of living longest under it, who does the least to get rid of it!" This opinion was based upon the fact so readily acknowledged by most surgeons, that the complaint being rarely malignant, is for the most part indolent in its character; progresses slowly, seldom proves more than a source of inconvenience, until many years have elapsed, and sometimes never occasions serious constitutional disturbance, the patient finally dying from some other disease, and lastly, that it has not as yet, been proven to have materially shortened the life of the patient, most of those who die of it usually reaching an average age. That we have many examples of the reverse of this is true, but the cases are not sufficient to authorise our resorting to a measure of such hazard as ovariotomy, in every case, in order to protect those suffering from the disease, from what may in reality never occur.

4th. *It is contended that palliatives will often succeed in making a patient comfortable during a long life.*—

Every surgeon will tell you, that he has often relieved the distressing symptoms, sometimes produced by ovarian disease in its advanced stages, and although these means may occasionally fail, and require to be frequently repeated when successful, it is yet the duty of every man to have recourse to them, ere he resort to the more heroic one of ovariotomy. In the early stages of ovarian tumour, there is rarely any occasion for the interference of the surgeon, and in the more advanced when the tumour is large, or inflammation has taken place; rest, counter irritation, leeches, anodynes, cathartics, low diet and mechanical support, and when the distention is very great *tapping*, will for the most be sufficient for the relief of the most urgent symptoms; therefore, it appears to be the opinion of a majority of the best surgeons of the present day, that a *palliative* treatment is to be preferred to an operation, except under very peculiar circumstances.

5th. *An operation does not always succeed in relieving a patient radically, even when she escapes the dangers immediately consequent to its performance.*—This objection applies particularly to those cases in which there exists some malignant disease of the organ, and it is to be feared that there are many relapses or formations of malignant disease in other organs, from which the patient ultimately perishes. The poor woman then suffers not only the risk of losing her life by the operation, but she has not even the consolation of permanent relief, should she escape its terrors.

6th. *The disease may terminate spontaneously.*—Although an example of this kind is exceedingly rare, we are yet authorised to believe that such a result has taken place, and certainly we should give our patient the benefit of the chance. The rule then should be, never to operate as long as the disease is making no progress.—(*Churchill.*)

Such are the most prominent objections urged against ovariotomy, by the most eminent men of Europe, and while we hope that future observations may divest the operation of many of its dangers, and establish a more correct diagnosis in the disease for the relief of which it has been proposed, we sincerely trust that no one will heedlessly attempt so hazardous a procedure without duly reflecting upon the immense responsibility he assumes.

I have thus briefly sketched the present position, in Europe, of some of the most important operations of surgery; and what has been the impression excited in your minds by the recital? Many among you, I fear, and especially those who are yet but upon the threshold of the profession, in their astonishment at learning that the first medical minds of Europe have been unable to define the limits, or decide upon the utility of these important measures, may be led to doubt the value of a science, the principles of which are so obscure and unsatisfactory as to prevent the establishment of positive and certain practical results. But let me beseech you, my young friends, to hesitate ere you adopt this view. Ours is eminently a progressive science — each day adds something new to the general stock—and it is your bounden duty diligently and carefully to investigate the nature and worth of these additions, and endeavour at the same time to contribute your own mite towards the elucidation of difficulties or the improvement of your art. Yes, this very uncertainty, so far from dampening your zeal, or checking your ardor, should stimulate you to renewed exertions. Truth is ever persistent, ever beautiful, but like the coy maiden must be diligently sought after, and is often painfully won. Think you that the mighty minds of those illustrious Fathers in our

science shrank from or dreaded the contest with the host of difficulties that envelope as with a murky cloud the great truths of medical knowledge? What would have been the condition of surgery, had the Hunters, the Coopers, the Bells, the Parés, the Dupuytrens, and the Physicks calmly folded their hands, and declared that it was impossible to fathom the mysteries of our art, and that, consequently, we must rest contented in our ignorance? What, I ask, would have been the result of a determination so puny and unmanly? Could we of the present day, think you, could we dare claim for the profession that high and commanding position which the labours of these very men have enabled us with right to claim? Well has it been said that "it is one of the most striking distinctions of a great mind, that it is prone to rush into twilight regions, and to catch faint glimmerings of distant and unbounded prospects."

Up, then, young men, you to whom a future generation has to look for the decision of the questions which the feeble light of our day prevents us from determining,—you to whom is entrusted the noble work of sustaining the honours and prolonging the glories of a science, whose administration is the most dignified of all charities, and whose author confessedly is God. Oh, yes, methinks I can trace in the glowing lineaments, the bounding pulse, the deep, strong breathing of determination of some among you, the germ of another Hunter, another Cooper, or another Physick. Quench not this spirit, young men;—no, cherish it as you would the "priceless gem;" embrace it with your whole heart; by night and by day wear it in your bosoms, and warm it into life, and vigor, and power irresistible.

Again, I say, quench not this spirit, for it will lead you to honour, and renown, and usefulness among men; and if governed and controlled by rigid virtue and morality, it will secure to you, in addition, the widow's love, the or-

phan's prayer, the poor man's blessing; and finally, when the frail barrier which separates our fleeting world from that whose duration is eternity, is passed, it will lead you to him who, by his example, hallowed our art, and whose constant injunction was, "Heal the sick!"